IN TI	HE UNITED STATES PAT	ENT AND TR	ADEMIARK OFFICE	
Applicants:	Shuji Sakuma, Kiminori Ats	sumi and Keiich	iro Kikukawa	
Application No.:	10/587,966	Group:	1613	
371(c) Date:	December 20, 2007	Examiner:	Arnold, Ernst V.	
Confirmation No.	:6665			
For:	Antitumor Agent			
	CERTIFICATE OF MAI I hereby certify that this correspond States Postal Service with sufficient envelope addressed to Commissione VA 22313-1450, or is being facsim and Trademark Office on: Date Typed or printed name	ndence is being deposit postage as First Class or for Patents, P.O. Box ile transmitted to the U Signature	ed with the United Mail in an 1450, Alexandria, nited States Patent	
Mail Stop RCE Commissioner fo P.O. Box 1450 Alexandria, VA				
Sir:				
Transmitted here above-identified		equest for Cont	inued Examination for filing i	in the
	ity status of this application untity Statement previously su		9 and 1.27 has been establish	ed by

A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is

enclosed.

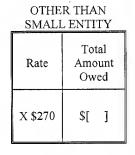
The claims fee has been calculated as shown below:

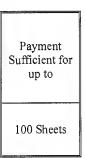
					SMALL	ENTITY	7		R THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	<u>OR</u>	RATE	ADDIT. FEE
TOTAL	17	MINUS	* 20	0	X \$ 26	\$		X \$52	\$
INDEP	3	MINUS	** 3	0	X \$110	\$		X \$220	\$
☐ FIF	RST PRESENTAȚI	ON OF MU	JLTIPLE DEP. C	LAIM	+ \$195	\$		+ \$390	\$
•			* not fewer t		TOTAL =	\$ 0	4	TOTAL =	\$ (

The Application Size Fee has been calculated as shown below: (Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
47	100	0

SMALI	ENTITY
Rate	Total Amount Owed
X \$135	\$[]





Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the [] dated [] for []
month(s) from [] to []. The appropriate fee is set forth below.
[For action-specific language in an extension of time, select the appropriate option from the
 Firm Templates]

	Petition for [] month Extension of Time	\$	
	Claims Fee	\$	
	Application Size Fee	\$	
\boxtimes	Other Fees:		
	RCE	\$	810
		\$	
	TOTAL:	\$	810
check	is enclosed in payment of the following fees:		
	Petition for [] month Extension of Time	\$	
	Claims Fee	\$.,,
	Application Size Fee	\$	
	Other Fees:		
		\$	
		\$	
	TOTAL:	\$	
\boxtimes	TOTAL: Please charge any deficiency or credit any overpayment in the fees that this matter to Deposit Account No. 08-0380. Respectfully submitted,		e due in
	Please charge any deficiency or credit any overpayment in the fees that this matter to Deposit Account No. 08-0380.	may b	